

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250

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WEB ADDRESS: <http://www.dca.ca.gov/cba>**ENROLLMENT VERIFICATION for** _____

Exam Date (Month/Year)

I, the undersigned, verify that the following student is enrolled in:

_____, located in _____
(Name of Institution) (City and State)

Student's Name: _____ SSN: _____

Enrollment status for _____: Full-time ☐ Less than Full-time ☐
(Term)

Expected graduation date: _____

(Signature)_____
(Printed Name)

(School Seal)

(Title)_____
(Date)**EMPLOYMENT VERIFICATION for** _____

Exam Date (Month/Year)

I, the undersigned, verify that the following employee is permanently assigned to work in _____ and is on a temporary work assignment in California.
(Home State)

Employee's name: _____

Company name: _____

Address of permanent work site: _____

Address of temporary work site: _____

Dates of temporary assignment: _____ to _____

(Authorized Signature)_____
(Printed Name and Title)

(Business Card Must Be Stapled Here)

(Phone Number)